

FILED NOV 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

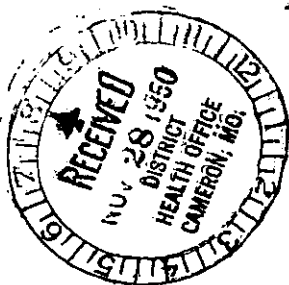
State File No.

38134

BIRTH NO.		REG. DIST. NO. <u>297</u>		PRIMARY REG. DIST. NO. <u>4446</u>		Registrar's No. <u>64</u>	
1. PLACE OF DEATH a. CITY <u>Ray</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hardin</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hardin</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Street not listed</u>				d. STREET ADDRESS (If rural, give location) <u>Street not listed</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>William</u>		b. (Middle) <u>Carl</u>		c. (Last) <u>Kimbrough</u>	
4. DATE OF DEATH		(Month) <u>Nov.</u> (Day) <u>18</u> (Year) <u>1950</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 28, 1877</u>	
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Ray County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Edd Kimbrough</u>		13b. MOTHER'S MAIDEN NAME <u>Martha C. Frazier</u>		14. NAME OF HUSBAND OR WIFE <u>Dean Kimbrough</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dean Kimbrough</u>		18. CAUSE OF DEATH		19. DATE OF OPERATION	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6-8</u> , 19 <u>48</u> , to <u>11-18</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11-18</u> , 19 <u>50</u> , and that death occurred at <u>7:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Mr. Marvin Green, M.D.</u>				23b. ADDRESS <u>Hardin, Mo.</u>		23c. DATE SIGNED <u>11/21/1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 20, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lavelock cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hardin, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Nov 21-1950</u>		REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>QUEST-FILE FUNERAL HOME</u>		ADDRESS <u>RICHMOND, MISSOURI</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed H. C. Richerson

Licensed Embalmer No. 4792

P. O. Address Richmond, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.